

all consumers of private insurance. It would ensure that patients receive the treatment they have been promised and paid for. It would prevent HMOs and other health plans from arbitrarily interfering with doctors' decisions regarding the treatment of their patients and the necessary healthcare that they require.

Patients rights legislation would restore the patient's ability to trust that their healthcare practitioner's advice is driven solely by health concerns and not cost concerns.

HMOs and other healthcare plans would be prohibited from restricting which treatment options doctors may discuss with their patients. One of the most critical patient protections that would be provided is guaranteed access to emergency care. We would ensure that patients could go to any emergency room during a medical emergency without calling their health plan for permission first. Emergency room doctors could stabilize the patient and focus on providing them the care that they need without worrying about payment until after the emergency had subsided.

HMO reform legislation would also ensure that health plans provide their customers with access to specialists when they are needed because of the complexity and seriousness of the patient's sickness.

Let us bring patient protection legislation to the floor. Let us give the Americans the patient protection they are asking us for.

Mr. PALLONE. Mr. Speaker, I thank the gentleman, and just again reiterate that the only way we were able, as you know, to get the Patients' Bill of Rights to the floor in the last Congress was because of the discharge petition that we filed. I think we ended up with almost 200 signatures on it. Even with that the Republicans brought their essentially sham managed care reform bill to the floor, and it was only through the efforts of the gentleman from Arkansas that we were able to do a motion to recommit and have full consideration of the Patients' Bill of Rights.

We need to do that again, unfortunately, because again the Republican leadership in the House has refused to have hearings or any kind of a markup in committee of managed care reform, so once again we are forced to go the route of the discharge petition in order to have the bill considered.

Mr. Speaker, I just want to stress again, if I could, how this is an extraordinary procedure. As elected members of the House of Representatives, we should not have to resort to signing a petition essentially to get a bill considered, but that is where we are.

Mr. Speaker, I now yield to another colleague on our Health Care Task Force and a member of the Committee on Commerce and has been dealing with this issue for a long time as well.

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, I would like to thank my colleague from New Jersey, who is our Chair of the Democratic Health Care Task Force and also serves on the Committee on Commerce and the Health Subcommittee. The reason I asked to move to the Committee on Commerce two years ago was, one, because of the complaints and concerns about managed care, along with Medicare and lots of other issues, prescription medication for seniors and everyone.

It is frustrating, because we now, after the experience of the last two years, we have a bill that has a huge number of cosponsors on it, bipartisan cosponsors working on it, and now to have to go to the discharge petition route that will be ripe next week for us to begin working on that.

Again, it is only because we are having to do that, it is literally taking the bill away from the committee, because this year, here we are almost in the middle of June and have not had hearings on managed care reform. So we obviously know what the priorities of our colleagues on the other side, who are very honorable and I enjoy working with them, but they do not have the same priorities as we do.

Again, managed care reform is one of the top Democratic agendas this year, so that is why we have had to go through the discharge petition to try to get on this floor a fair hearing on real managed care reform.

I say that, and I want to make sure we use the word "real" in quotes, because our experience last year was that the managed care reform bill that was written in the Republican task force, or in the Speaker's office actually, turned back the clock, actually was worse than passing no bill at all. That is why when it passed this House, it died over in the Senate.

The reason I say that is because in Texas, and my colleague from Dallas and I know that Texas passed a law in 1997 that would do what we are asking to do on a national level. All we are trying to do is learn from our State's experience and say okay, the states have done their job on insurance policies issued in the states; now we need to do our job on policies, insurance policies, issued nationally, that come under ERISA.

Last year's experience, the bill that passed on this floor would have reversed the success in the State of Texas. That is why I have some concern about my colleagues on the Republican side saying, well, we are going to pass legislation now on a piecemeal basis, whether it is 5 issues or 9 issues or whatever they come up with, because I watched last year and they would have reversed the successes of our individual states, and that is why we need real managed care reform this year.

Let me talk a little bit about the Texas plan. It has been in effect for 2 years now. We have seen no ground swell of lawsuits. In fact, there are

very few. I knew the first one was filed by one of the insurance companies challenging it. There may have been one more filed. But we actually have a great experience in Texas on there not being any huge costs associated with these real reforms that have been used, a lot of times saying we don't want to build in costs. In Texas we have not had the costs.

In fact, on the outside appeals process, it is one of the issues that actually 50 percent of the appeals have been found in favor of the patient, so that is a .500 batting average if you are a baseball fan. But let me tell you, if I was one of those 50 percent that had been denied some type of health insurance coverage for a procedure, I would be glad that I had that 50 percent percentage.

Now, sure, 50 percent went against the patient and their request, but that shows how important it is to have the appeals process, which is just one of the issues.

The no-gag clause is important again. That was part of the Texas bill. Medical necessity, the emergency room care, the accountability issue, there are so many things that have to be in a real managed care reform bill, and they have to be drafted correctly. They cannot be drafted to where, sure, we are going to give you the accountability or medical necessity, but they will leave a loophole that you can drive an 18 wheeler truck through. That is what happened last year.

So I have to admit coming to this floor I do not doubt the sincerity of my colleagues, but I saw what happened last year, and it does not take too much to show us from Texas that maybe your intent is not as good as what it should be on real managed care reform. Again, an outside appeals process is not going to break the bank. The experience in Texas is very small cost.

No gag rules, let a doctor or provider talk with their patients. Even if the insurance policy does not cover certain procedures, that doctor ought to be able to tell that patient that. Just like Medicare does not cover everything, that doctor ought to be able to tell that patient "Medicare does not do this, I will do it, but you have to pay for it."

Accountability, if the doctor is held accountable for a certain procedure, then whoever tells that doctor they cannot do that procedure should also be accountable.

Again, medical necessity is so important for those of us who realize that we really want healthcare, and managed care is going to be with us.

We just want to make it work. I think my colleague from Arkansas said, let us reform it. It is here, we are going to have to do the it.

In closing, let me touch on one issue that came up during the break. I had an opportunity to speak to the National Association of Manufacturers group in my district. I have to admit there are not a lot of times over my